

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

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|---------------------------|---------------------|
| Title of Invention | Furniture Leg Glide |
|---------------------------|---------------------|

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|-------------------------|----------------------|
| Application Number : | |
| Date : | |
| First Named Applicant: | Mr. Pierre Desmarais |
| Attorney Docket Number: | 003-03 |

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| TOTAL FEE AUTHORIZED \$ 588 |
| Patent fees are subject to annual revisions on or about October 1st of each year. |

| Filing as small entity | | | | | | | | | | | | | | | | | | | | |
|--|-----------------|-------------|-------------|-------------|--------------------|-------------------|-----|------|--|-----|------------------------|---|------|----|----|--|--|--|--|--|
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001 | 385 | 385 | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 2001 | 385 | 385 | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 33</td><td>13</td><td>2202</td><td>9</td><td>117</td></tr><tr><td>Independent Claims : 5</td><td>2</td><td>2201</td><td>43</td><td>86</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 203</td></tr></tbody></table> | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 33 | 13 | 2202 | 9 | 117 | Independent Claims : 5 | 2 | 2201 | 43 | 86 | Subtotal For Extra Claims Fees: \$ 203 | | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | |
| Total Claims : 33 | 13 | 2202 | 9 | 117 | | | | | | | | | | | | | | | | |
| Independent Claims : 5 | 2 | 2201 | 43 | 86 | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 203 | | | | | | | | | | | | | | | | | | | | |

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|---|----------------------|
| AUTHORIZED BILLING INFORMATION | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | |
| Credit account number: | 9022 |
| Expiration Date (YYYYMMDD): | 2005-10-31 |
| Authorized name: | Michael A Trzeciecki |
| Billing address: | K1M1V7 |